

Form MCSA-5875

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

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Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** HERNANDEZ OFARRIL **First Name:** JUAN In accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**

☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

☒ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt Intracity zone (49 CFR 391.63) (Federal)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)

☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

06/12/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number

(352) 245-2288

Date Certificate Signed

06/12/2023

Medical Examiner's Name (please print or type)

Gloria Pena

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number

APRN1473752

Issuing State

Florida

National Registry Number

5752767169

Driver's Signature

Driver's License Number

H655-426-67-105-0

Issuing State/Province

Florida

Driver's Address

Street Address: 1309 BATES ST

City: BRANDON

State/Province: FL

Zip Code: 33510

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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